

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

32342

1. PLACE OF DEATH

County ST. LOUIS CHILDREN'S
Township HOSPITAL
City (No.)

Registration District No. 791

Primary Registration District No. 1003

File No. 8396
Registered No. St. Ward

2. FULL NAME

John D. Price

Poplar Bluff, R. R. 6

(a) Residence, No. St. NR Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 10 - 1935

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 year 11 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Poplar Bluff, Mo. (STATE OR COUNTRY)

13. NAME William Illinois

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME Blanche Killian Arkansas

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT R. Moore (ADDRESS) 500 S. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodland DATE Sept 10 37

19. UNDERTAKER Frank J. Hunschutsky (ADDRESS) 1012 N. 1st St., Mo.

20. F. SEP 7 1937 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-6-37, 19

22. I HEREBY CERTIFY, That I attended deceased from 9-3-37, 19, to 9-6-37, 19.

I last saw him alive on 9-6-37, 19. Death is said

to have occurred on the date stated above, at 9:05 p.m.

The principal cause of death and related causes of importance were as follows:

Auto. Police everywhere, no relation. Date of onset 9-3-37

Other contributory causes of importance

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? YES

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury , 19.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. L. Ewing, Jr. M. D.

(Address) 500 S. Kingshighway

